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ABSTRACT

Alcohol abuse results in a variety of problems including employment difficulties and family problems. This study integrates a family systems model of alcoholism with a family crisis model for recovery to study spouses of alcoholics and their perceptions of family stress, coping styles, and quality of marriage. Participants (N=60) were husbands or wives of alcoholics who were divided into three equal subgroups: (1) the early recovery group, whose spouses were sober for less than 2 years; (2) the long-term sobriety group, whose spouses were sober 2 or more years; and (3) the wet group, whose spouses were actively drinking. Participants responded to questionnaires about stress, life change events, coping styles, marital adjustment and drinking problems. The results indicated that the early recovery group scored lowest in terms of life change events and levels of stress, and highest on the quality of marriage index. The wet group had the highest life change events and stress scores and the lowest scores for the quality of marriage index. The long-term sobriety group scored between the other groups on life change events, stress, and quality of marriage. The highest coping abilities scores were in the wet group. Degree of stress and marital adjustment were inversely related for all groups. Further research of the recovery process could aid in determining effective coping styles and stress management techniques for buffering the destructive consequences of the alcoholic's drinking. (References are included.) (ABL)

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THE IMPACT OF EARLY RECOVERY FROM ALCOHOLISM ON SPOUSES OF ALCOHOLICS: A STUDY OF STRESS, COPING AND MARITAL ADJUSTMENT

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On a variety of fronts alcoholism and related problems arising from alcohol abuse have become major concerns in this country. Costs to industry because of worker absenteeism and production errors amount to several billion dollars each year. Alcohol abuse has been shown to be significantly related to a variety of criminal offenses ranging from homicide to drinking-related injuries and deaths to family violence. The World Health Organization referred to alcoholism in 1979 as the world's number one health problem. As society has become more aware of the economic, health and social aspects of alcoholism, the impact of alcoholism on other, especially the family, has become a growing concern.

Paolino and McCrady (1977) estimated that for every alcohol abuse there are at least five other people who suffer the consequences of the alcoholic's behavior. All to often these "other victims" of alcoholism are spouses and children. The literature of family crisis reflects a long history showing the impact of alcohol abuse on family life and family functioning (Jackson, 1954; Steinglass, 1981).

However, most of the research which composes this literature has centered on the period of active alcoholism. Recent studies (Steinglass, 1980, 1981) confirm earlier findings of the deleterious effects of active alcoholism, but offer little insight into understanding the role of the family system in the alcoholic's recovery process. Yet it

seems likely that if a family maintained its stability during the period of active drinking, if alcohol became the major focus of family life, then its removal should result in changes in the family's interactional patterns.

Family stress and coping during critical experiences as conceptualized by the Double ABCX model (Olson & McCubbin, 1980) does offer a viable tool for study of recovery from alcoholism, while retaining an emphasis on family patterns of interaction as the main focus of study. This model has proven useful in investigations of long-term effects of crisis such as chronic illness (McCubbin & Patterson, 1983), and the possible adaptive processes resulting from these crises. Since alcoholism can be seen as a chronic illness this model can be applied readily to the functioning of the alcoholic system in all phases of alcoholism--active drinking, early recovery, and long-term sobriety.

A second contribution of the Double ABCX model has been its generation of research instruments (e.g., McCubbin, McCubbin, Patterson, Cauble, Wilson & Warwick, 1983). Several of these were employed in our research, and we believe these instruments will add a new dimension to alcoholism related research. In addition, we hope the perspective we are proposing here, by bridging two separate fields of research--alcoholism and family studies--will prove useful in leading to future research which can offer a comprehensive model of family alcoholism.

Family systems theory (Steinglass, 1980) offers a family perspective of the dynamics of alcoholism but is limited in two important ways:

1. This perspective gives us some idea of family structure and process in terms of roles, boundaries and power but offers little in terms of actual individual behavioral and interactional patterns including coping skills, and communication patterns.

2. For the most part, research from this perspective is limited to consideration of the impact of active alcoholism on the family. The impact of recovery has not been a focal point for study of the alcoholic family. Indeed, from Steinglass' viewpoint recovery leads inevitably to another wet phase, or if the alcoholic remains sober, alcohol is still the central organizing principle of the family.

The family and marital interactional patterns in recovery from alcoholism are unknown quantities. Yet research of the alcoholic in recovery has shown that abstinence alone does not result in positive adaptation (Gerard, Saenger & Wile, 1962). Many alcoholics who recover still experience severe emotional stress and difficulties at work and at home. If this is so, then it is logical to assume that the family also continues to suffer.

Theoretical Models

With so little being known about the recovery process, a major concern of this study was to find an appropriate theoretical base for this investigation.

Since the focus of this study was on the spouses of alcoholics and their perceptions of marital adjustment, a family systems approach was thought to be appropriate. However, since the family systems model of alcoholism does not deal with the recovery process, we also incorporated family crisis theory as developed by McCubbin and Olson (1980) to study the recovery process. This theory looks at family functioning during long-term crises such as chronic illness and father absence in cases such as MIAs. As such, it was considered ideal as a theoretical base for the study of alcoholism as a chronic illness.

In general, then, the basic tenets of the Steinglass (1980) cyclical model of alcoholism were used to understand the role of active alcoholism in the family. McCubbin and Olson's (1980) Double ABC-X Model of family crisis was used to form hypotheses about family dynamics in recovery from alcoholism.

A secondary gain to using both of these theoretical models was to bridge alcoholism research with family theoretical models. It was hoped that this cross-fertilization of alcoholism research and family theory would add to the

richness of the study, as well as implement family crisis theory in an area which it has not yet been used.

Family Systems Model of Alcoholism

Steinglass' (1980) model of alcoholism (Figure 1) is based in a family systems approach to alcoholism. The basic tenets of this theory that were used for this study are as follows:

1. Alcohol is a central organizing principle of the family system.

2. Alcohol serves an adaptive function. As such it is used by the alcoholic and reacted to by family members in terms of communication patterns, role behaviors and as a major coping strategy.

3. There are three phases of alcoholism: wet, dry and transitional. Both the wet and dry phases are stable and give the family a homeostatic balance. The transitional phase is viewed as highly volatile and unstable.

When we see that alcohol is adaptive and central to family functioning it follows that the stage of early recovery is likely to be one of high stress and role confusion as described by Steinglass as the transitional phase.

As such, family crisis theory would propose that this period would be one of high levels of stress, lowered coping skills, boundary ambiguity, and disorganization. How the family handles this transitional stage would then be

predictive of the degree of recovery from the crisis of early sobriety to long-term sobriety (Figure 2).

Integrating a family systems model of alcoholism with a family crisis model for recovery, this research focused on spouses of alcoholics and their perceptions of family stress levels, coping styles and quality of marriage in order to examine the following questions:

1. Is early recovery from alcoholism perceived as a time of crisis?

2. Does the alcoholic's sobriety necessarily result in an improvement of the marital relationship?

3. Do spouses stress levels and coping styles change with the alcoholic's sobriety?

Method

Sample Population

The sample had an N of 60 spouses of alcoholics, both male and female, divided into three equal subgroups of 20 each. Group A consisted of spouses with alcoholic mates who were sober less than two years; Group B consisted of spouses whose mates were sober two or more years; Group C consisted of spouses whose mates were actively drinking. Group A was termed the early recovery group; Group B was called the long-term sobriety group; and Group C was called the "wet" group.

Procedure

A self-administered questionnaire using a survey approach was used for data collection. Volunteers were obtained through mental health clinics, alcoholism treatmetn clinics, private therapists, AA and Al Anon contacts and advertisements placed in local newspapers.

Measurement

The Family Inventory of Life Events and Changes (FILE) and F-COPE development by Olson, McCubbin, Barnes, Larsen, Muxen and Wilson (1982) were used to measure stress and life change events and coping styles respectively. Norton's (1983) Partner Interaction Scale was used to measure marital adjustment. In addition, a general questionnaire asking questions concerning demographics information was given as well as two short questionnaires which measured Family Impact of Alcoholism (FIA) and severity of the drinking problem (SADD).

To study the relationships between stress, coping and quality of marriage, a Kruskal Wallis Test was performed using mean ranks for analysis. Chi square tests were used in the analyses of certain demographic variables and their relationships to the quality of marriage.

Results

The results of this study did not support the hypothesis that the early recovery period was a time of crisis. However, many interesting facets of the marital relationship and its relationship to stress and coping were found in this investigation.

Stress and Quality of Marriage

Group A, the early recovery group, scored lowest in terms of life change events and levels of stress. This group also scored highest on the quality of marriage index.

Group C, the "wet" group, had the highest life change events and stress scores and the lowest scores for the quality of marriage index.

Group B, the long-term sobriety group, scored between Groups A and C on life change events and stress levels. Surprisingly, this group scored significantly lower than Group A on the quality of marriage index, falling between Groups A and C.

We found an inverse correlation between stress and life change events with perceived quality of marriage across all three groups. Although one would assume that high levels of stress and change in the family could influence the degree of satisfaction experienced by spouses in the marital relationship, this is the first investigation in the field of alcoholism to address and focus on this issue confirming the

relationship between stress and quality of marriage.

Coping Style and Quality of Marriage

Using the F-COPE to measure coping styles between the three groups, the results of this study did not confirm the hypothesis that high levels of stress are directly related to ineffective coping styles.

The wet group had the highest stress scores and unexpectedly also had the highest scores on F-COPE. Group A and Group B, with lower stress scores, also reported lower coping scores. Group A, with the lowest stress scores, maintained coping scores at the same level as Group B that had higher stress scores.

The relationship between levels of coping skills and quality of marriage were not significantly different between Groups A and B. There was a marked difference, although not significant, between Group C and the other two groups, with the wet group scoring higher on coping skills than either group in recovery.

Quality of Marriage

Since study of the marital relationship was of particular importance, the Partner Interaction Scale was further studied to find out what aspects of the marital relationship were most troublesome for these spouses. Although between group analysis has yet to be done, examination of the entire

sample brought to light some interesting data.

Thirty-seven percent of the sample felt they could not be open with their partners and 48% were to some extent dissatisfied with the way they communicated with their partners. Sixty percent were dissatisfied with how their alcoholic mates communicated with them, and 61 percent felt their spouses were not open enough with them. When analyzing the open-ended questions concerning communication, many spouses stated their lack of openness and shift in communication styles evolved from the alcoholic's drinking behaviors and attitudes. Sixty-three percent of these spouses reported that communication was a major difficulty in their marriages. The communication deficit was carried over into their sexual lives also. Fifty-one percent reported that unsatisfying sexual relationships were a major difficulty in their marital relationships.

Discussion

Perhaps the most interesting aspect of our investigation was the fact that spouses of alcoholics who were in early recovery did not perceive themselves or their family units to be in a state of crisis. Rather, the spouses in this study generally reported lowered stress and greater satisfaction with their marriages. Sobriety served to initiate a "honeymoon" period in many of these marital relationships.

Interpretation of these results is tentative at best. Although both Steinglass' (1980) model of alcoholism and McCubbin and Olson's (1980) model of family crisis would hypothesize that early sobriety was a time of crisis, it may, in fact, not be so. However, it is also possible that this is a period of such contrast to the drinking phase that positive changes which occurred as a result of the alcoholic's abstinence, served as the sole measuring rod of family functioning in early recovery. These spouses may have seen this period as so vastly improved when compared to the wet phase that it was experienced as problem free. Use of defense mechanisms, common to the active alcoholic phase, of denial and repression may have been a factor in these reports of low stress and high quality of marriage in Group A.

Concerning stress and life change events, this study did support Steinglass' (1980) concept of alcoholism as a central organizing principle, regardless of the phase of alcoholism. Spouses from all three groups used their experiences during active alcoholism as a reference point when considering current levels of stress and their ability to cope with their problems.

This investigation also supported the hypothesis that abstinence usually results in an improvement of the marital relationship. When comparing groups, the long-term sobriety group generally showed higher quality of marriage scores than the wet group. However, that Group B scored lower than

the early recovery group may also indicate that alcoholism is not only a family disease but a symptom of other inter-relational problems in the family.

When looking at coping and the quality of marriage, no definite patterns were found. The fact that the highest scores for coping abilities were found in the wet group was surprising and unexpected. This brought to question the F-COPE as a proper measurement tool for this population. The F-COPE generally deals with help-seeking behaviors and interprets these as positive skills. With the alcoholic system, it is questionable whether or not these help-seeking behaviors are always constructive and beneficial. In the alcoholic family spouses may seek help in order to maintain the balance of an active alcoholic system. This in turn would prolong the active alcoholic phase and encourage the spouse's dependency. The question then arises "If help-seeking behaviors enable the alcoholic system to maintain the wet phase of alcoholism, can these behaviors be considered constructive coping mechanisms?" Perhaps it is time to consider designing instruments that could tap the coping behaviors in alcoholic systems in a more succinct way.

Concluding Remarks

While this research offered many other interesting points for consideration, time precludes further discussion of this material.

Like most research, this investigation has produced more questions than it answered. It has offered an initial exploration of various factors other than alcohol that are important to the recovery from alcoholism and positive marital adjustment. It accomplished this goal by showing that degree of stress and marital adjustment are inversely related and that the alcohol phase plays an important role in determining the quality of marriage.

Study of recovery as a crisis showed that:

1. Stress management is a complex issue and further, more detailed study, with appropriate measurement tools, is needed.

2. High levels of stress negatively influence these spouses' perception of their marital relationships.

3. Abstinence from alcohol was found to influence the perceived quality of marriage but not to the degree expected. Spouses of active alcoholics were much more dissatisfied with their marital relationships than spouses of newly sober alcoholics, while long-term sobriety showed a lower degree of satisfaction than early sobriety.

4. Other problems besides alcohol were very important to these spouses, and influenced the perceived quality of marriage. Over 50% of these spouses reported major difficulties in their marriages regardless of the phase of alcoholism. A major source of dissatisfaction in these

marriages was associated with communication problems and the lack of affection.

Suggestions for future research include the use of both qualitative and quantitative methodologies. These findings indicate a need for a greater depth of understanding of the relationships between stress, coping and quality of marriage which can best be obtained through qualitative research. On the other hand, the design of specific instruments for alcoholic families could measure the above factors with use of larger, representative samples, would also contribute vital information in this field of research.

Paolino and McCrady's (1977) observation that for every alcoholic misuser there are at least five others who suffer indirectly the consequences of alcoholism is a disturbing reality at present. Further research of the recovery process could help determine effective coping styles and stress management techniques that could help buffer the destructive consequences of the alcoholic's drinking and could assist the family in breaking the cycles of this devastating disease.

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FIGURE 1

Steinglass (1980) Model Family Alcoholism Cycle

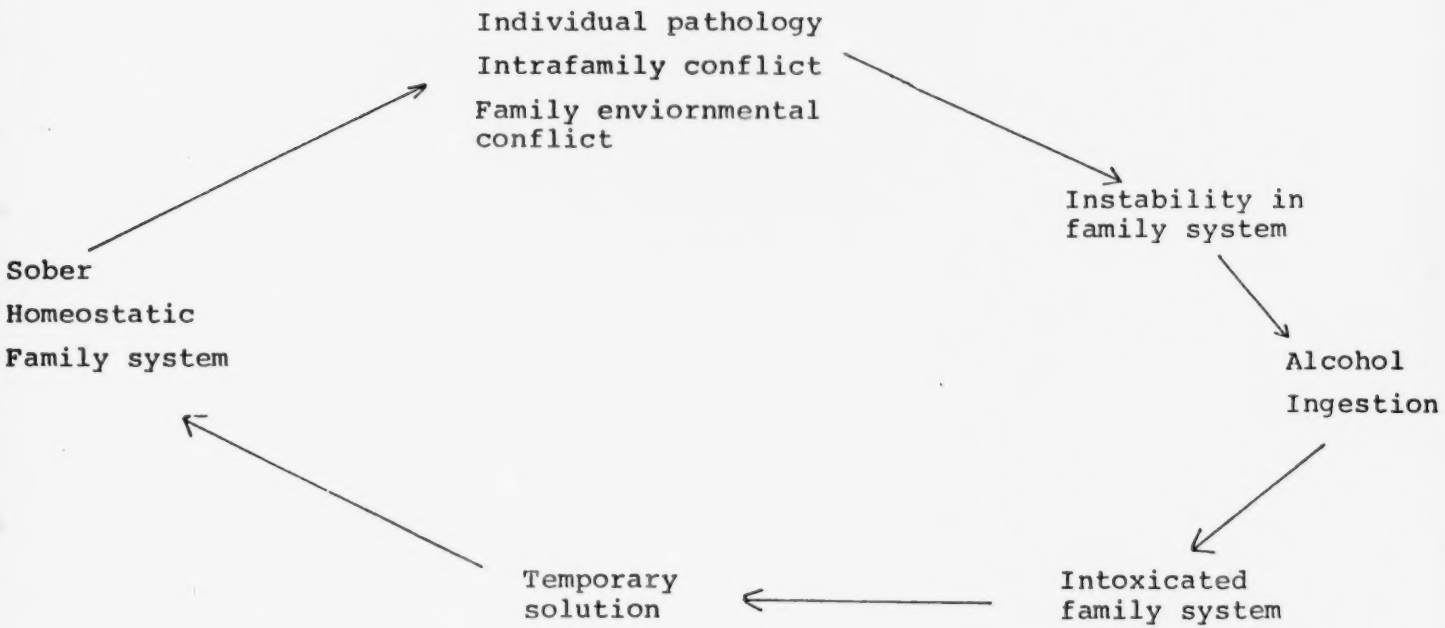
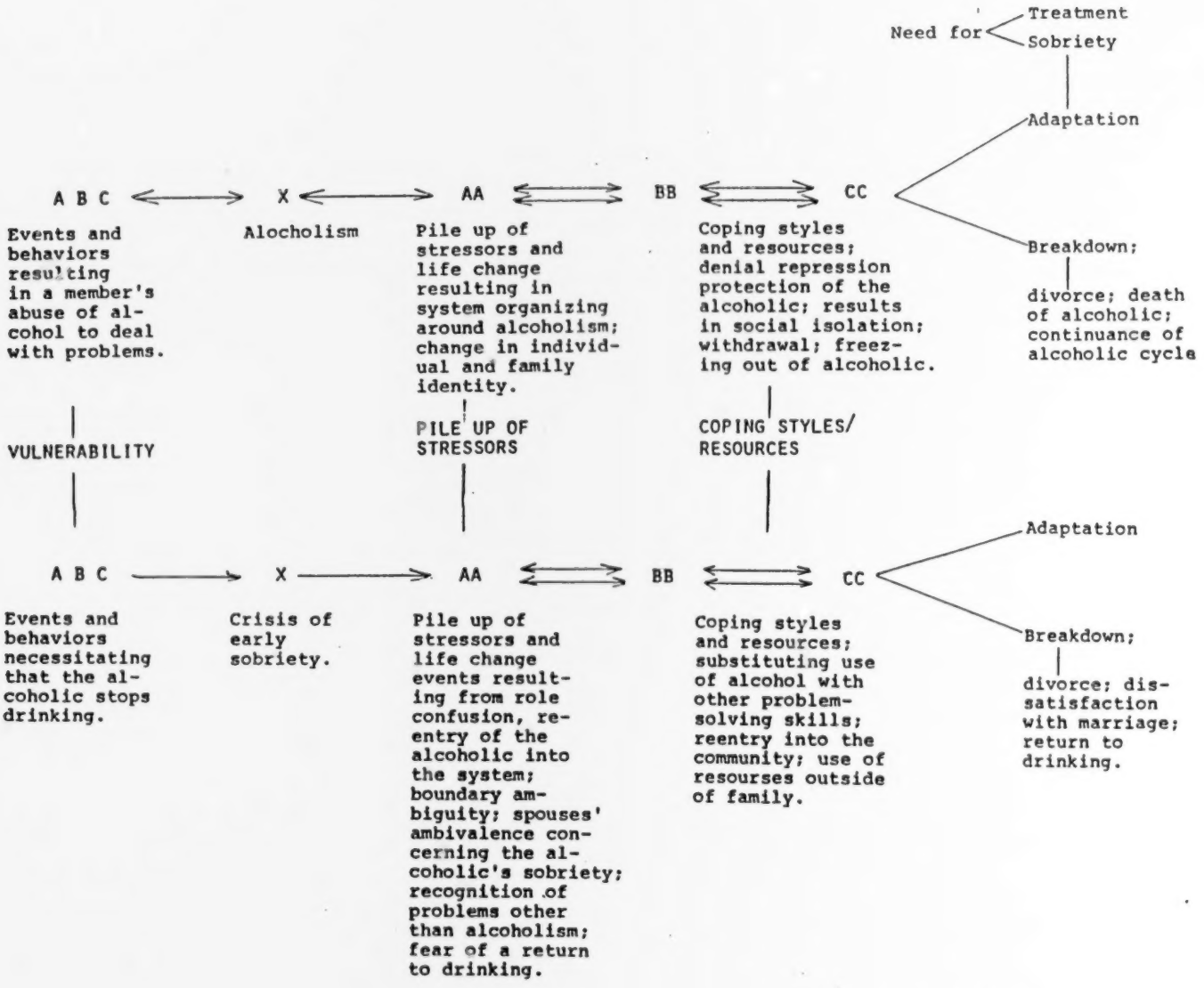


Figure 2

Double ABCX Model Applied to Alcoholism and Early Recovery


Need for
Treatment
Sobriety
Adaptation
A B C
X
AA
BB
CC
Breakdown;
Events and behaviors resulting in a member's abuse of alcohol to deal with problems.
Alocholism
Pile up of stressors and life change resulting in system organizing around alcoholism; change in individual and family identity.
Coping styles and resources; denial repression protection of the alcoholic; results in social isolation; withdrawal; freezing out of alcoholic.
divorce; death of alcoholic; continuance of alcoholic cycle
VULNERABILITY
PILE UP OF STRESSORS
COPING STYLES/ RESOURCES
Adaptation
A B C
X
AA
BB
CC
Breakdown;
Events and behaviors necessitating that the alcoholic stops drinking.
Crisis of early sobriety.
Pile up of stressors and life change events resulting from role confusion, reentry of the alcoholic into the system; boundary ambiguity; spouses' ambivalence concerning the alcoholic's sobriety; recognition of problems other than alcoholism; fear of a return to drinking.
Coping styles and resources; substituting use of alcohol with other problem-solving skills; reentry into the community; use of resourses outside of family.
divorce; dissatisfaction with marriage; return to drinking.

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